

<b>Case Number:</b>	CM14-0038820		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old female with a 10/9/13 injury date. The patient sustained injuries to her neck, upper back, and lower back while performing her usual and customary duties. In a 3/24/14 rebuttal letter, the provider stated that the patient has complained of persistent lumbar spine pain despite a wide array of conservative treatment. Objective findings have included restricted lumbar flexion, tenderness over the para-lumbar extensors, and no evidence of radiculopathy. A lumbar MRI on 2/3/14 revealed L4-S1 facet joint hypertrophy, an L5-S1 disc bulge, and a smaller disc bulge at L4-5. The provider requested reconsideration for bilateral L4-5 and L5-S1 facet joint medial branch blocks. Diagnostic impression: lumbar facet arthropathy, degenerative disc disease. Treatment to date: chiropractic care, physical therapy, medication, home exercise. A UR decision on 3/13/14 denied the request for bilateral L4-5 and L5-S1 facet joint medial branch block because objective exam findings were no consistent with facet joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bilateral L4-5 & L5-S1 facet joint medial branch block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disabilities Guidelines, 11th Ed (2014 Web Version), Low Back Section, Diagnostic Blocks For Facet-Mediated Pain Subsection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Medial branch blocks.

**Decision rationale:** CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, there is sufficient objective evidence from the exam and MRI to support the likelihood of facet-mediated pain. In addition, the patient has had a significant amount of conservative treatment including medication, physical therapy, and chiropractic care without benefit. A diagnostic medial branch block is appropriate at this time. Therefore, the request for bilateral L4-5 & L5-S1 facet joint medial branch block is medically necessary.